

0010/PTO Rev. 6/95 DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	U.S. Department of Commerce Patent and Trademark Office		Attorney Docket Number	3676
			First Named Inventor	David Banks
			COMPLETE IF KNOWN	
			Application Number	09/426,567
			Filing Date	October 22, 1999
			Group Art Unit	2731
			Examiner Name	not yet known
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing				

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD AND SYSTEM FOR CREATING AND IMPLEMENTING ZONES WITHIN A FIBRE CHANNEL SYSTEM

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) [10/22/1999] as United States Application Number or PCT International

Application Number [09/426,567] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 385(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.
60/105,423	October 23, 1998	

DECLARATION	Page 2
--------------------	---------------

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Greg T. Sueoka Renée M. DuBord Michael W. Farn Douglas Luftman	33,800 42,500 41,015 43,762		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.


Please direct all correspondence to:

Renée M. DuBord
Fenwick & West LLP
Two Palo Alto Square
Palo Alto, CA 94306
U.S.A.

Telephone (650) 858-7880	Fax (650) 494-1417
--------------------------	--------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial		Family Name	Banks	Suffix e.g. Jr.	
Inventor's Signature					Date	1/4/2000	
Residence: City	Pleasanton	State	CA	Country	USA	Citizenship	USA
Mailing Address	4975 Middleton Place						
Mailing Address							
City	Pleasanton	State	CA	Zip	94566	Country	USA

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Kumar	Middle Initial		Family Name	Malavalli	Suffix e.g. Jr.			
Inventor's Signature					Date	01/06/2000			
Residence: City	Santa Clara LOS ALTOS HILLS	State	CA	Country	USA	Citizenship	Indian CANADA		
Mailing Address	360 Caldwell Place 24289 HILLVIEW ROAD								
Mailing Address									
City	Santa Clara	State	CA	Zip	95051	Country	USA		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Paul	Middle Initial		Family Name	Ramsay	Suffix e.g. Jr.			
Inventor's Signature					Date	1/4/2000			
Residence: City	Fremont	State	CA	Country	USA	Citizenship	UK		
Mailing Address	4949 Seneca Park Loop								
Mailing Address									
City	Fremont	State	CA	Zip	94538	Country	USA		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Kha Sin	Middle Initial		Family Name	Teow	Suffix e.g. Jr.			
Inventor's Signature					Date	Jan 4/2000			
Residence: City	San Jose	State	CA	Country	USA	Citizenship	Malaysia		
Mailing Address	984 Wallace Drive								
Mailing Address									
City	San Jose	State	CA	Zip	95120	Country	USA		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Jieming	Middle Initial		Family Name	Zhu	Suffix e.g. Jr.			
Inventor's Signature					Date	1-4-2000			
Residence: City	Fremont	State	CA	Country	USA	Citizenship	USA		
Mailing Address	5567 Ridgewood Drive								
Mailing Address									
City	Fremont	State	CA	Zip	94555	Country	USA		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

19923-03676//948959.1

Rev. 12/29/99

Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (10/00)
Approved for use through 10/31/2002. OMB 0651-0035

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/426,567
Filing Date	October 22, 1999
First Named Inventor	David Banks
Group Art Unit	3676
Examiner Name	K. Harper
Attorney Docket Number	112-0026US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71
Certificate under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Ronald S. Epstein

Signature 

Date 12/12/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/426,567
Filing Date	10/22/1999
First Named Inventor	David Banks
Group Art Unit	3676
Examiner Name	K. Harper
Attorney Docket Number	112-0026US

I hereby appoint:

☒ Practitioners at Customer Number

29855

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Ronald S. Epstein

Signature

Date

12/12/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.